

Local Drug Court Research:

NAVIGATING PERFORMANCE MEASURES AND PROCESS EVALUATIONS



NATIONAL
DRUG COURT
INSTITUTE



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**Local Drug Court Research:
Navigating Performance Measures and
Process Evaluations**

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Local Drug Court Research: *Navigating Performance Measures and Process Evaluations*

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NATIONAL DRUG COURT INSTITUTE

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INTRODUCTION

Drug courts continue to emerge as a national phenomenon in the court system. Since the inception of the first drug court in 1989, the application of the therapeutic court model has grown so pervasive that it could now be considered ubiquitous in American criminal justice. Drug courts are considered therapeutic because of the emphasis on substance abuse treatment rather than more traditional criminal justice interventions. In 2004, the total number of operational drug court programs in the United States reached 1,621 and the total number of problem-solving courts in general was 2,557 (Huddleston, Freeman-Wilson, & Marlowe, 2005). Drug courts are credited with reducing recidivism, retaining clients in treatment, and improving outcomes for substance abusing offenders. Through an increasing body of research, it is becoming clear that drug courts are an effective alternative to traditional “business as usual” methods (Marlowe, DeMatteo, & Festinger, 2003).

Drug courts have, however, faced considerable criticism in the area of evaluation and documentation. Through the Bureau of Justice Assistance (BJA), the federal government allocates millions of dollars to fund local drug court programs; despite repeated efforts to count and document the activities of these programs, there is little uniform data on actual drug court success nationwide. Congress has asked the Government Accountability Office (GAO) to review drug court evaluation and outcome research to determine the effectiveness of drug courts no less than four times. The most recent GAO Congressional Report on adult drug courts found only 27 of 117 evaluations of drug court programs methodologically sound enough to use for analysis (GAO, Feb. 2005). The findings from these evaluations indicated uniformly that drug courts produce positive results, but the lack of a broader selection of methodologically sound evaluations leads to continued skepticism.

The relative lack of evaluation data has created difficulties for the national drug court movement. At various times, scholars and politicians have questioned both the effectiveness and efficacy of drug court programs and some continue to argue that drug courts are not worth the money being spent. While local drug court programs continue to build support and thrive, the federal resource allocation to drug courts is open to challenge and the movement has limited solid evaluation research to refute its critics.

In 2004, the National Institute of Justice (NIJ), BJA, and the National Drug Court Institute (NDCI) proposed a plan to remedy the problem. NDCI, with funding from BJA, assembled a group of leading scholars and researchers that became known as the National Research Advisory Committee (NRAC). This committee met on three separate occasions in fall 2004 to create and develop a uniform research plan for drug court data collection and analysis. The group’s work is the basis of this monograph.

The purpose of this document is to promote quality research at all levels for drug courts by providing a uniform and manageable data collection and evaluation strategy for local programs. These measures can be used across the spectrum of drug court programs to

allow local jurisdictions to answer questions from stakeholders and funding agencies, as well as promoting sound management practices at the local court level. It is clear that research practices can be improved by providing a uniform baseline for evaluation and measurement.

LOCAL DRUG COURT RESEARCH: NAVIGATING PERFORMANCE MEASURES AND PROCESS EVALUATIONS

Process evaluation and performance measurement are two aspects of drug court research that form the foundation for any national claims of drug court efficiency and efficacy. This monograph makes several suggestions regarding local issues of program management, as well as state and national performance measurement and documentation, but also will focus on the need for quality data management and make suggestions about important variables that need to be regularly captured to evaluate drug court performance. In addition, this document includes discussions related to confidentiality, Institutional Review Boards (IRBs), and statewide and national data analysis. Appended to this report are three resources for program managers and evaluators: a set of model research questions with means for answering them, a list of minimum data elements that should be collected and maintained, and a sample evaluation plan.

It should be noted that these methods are not the only ways to gather useful information regarding drug court processes and performance—local court programs need to direct their own research to benefit their own programs. Furthermore, it should be understood that the quality of research depends heavily on access to data and availability of resources. With this in mind, this report provides some additional suggestions for improving research design beyond the baseline requirements.

Moreover, this report concentrates primarily on *adult* drug courts. While many of the ideas can easily translate to juvenile and family courts, the scope of this monograph is limited to promote research accuracy. Adult drug courts are an appropriate focus mainly due to their prevalence; NDCI places the number of adult drug courts in 2004 at 811 nationally (Huddleston, Freeman-Wilson, & Marlowe, 2005). As such, this monograph is the first in a series that will eventually include juvenile, family, and other types of courts.

Finally, it is advisable to discuss criminal justice and treatment definitions. Often, setting national standards for programs such as drug courts is hindered by variant definitions of particular words in unique contexts. The issue is typically not the meaning of the word but how to measure the concept. For example, the word “recidivism” can be generally understood to mean the “repeated commission of criminal behavior after one has been adjudged a criminal or delinquent” (Falcone, 2005). This would seem a straightforward concept, but the operationalization of this construct for research purposes can become rather contentious. Various studies have used measures ranging from bookings to full convictions, and while NRAC does not presume to give a final answer to the way this construct should be measured, there are clearly advantages to using one single modality for measuring recidivism. This monograph addresses recidivism and other similarly difficult definitional issues and provides research-driven operationalization for each. Using similar measurement definitions will improve the ability of stakeholders, researchers, and policymakers to compare results between

Definition:

To operationalize a concept is to reduce it into a measurable form.

populations, locations, treatment modalities, and other variables to promote effective practice and resource allocation.

Overall, NRAC is designed to improve research and evaluation in the drug court field. This monograph confidently sets a high yet attainable standard for drug court evaluation. Some suggestions have been divided into categories related to overall quality of the evaluation model. There are minimal recommendations that should be met in all evaluation projects as well as some items believed to be useful and important, but above the minimum level required. As mentioned above, the uniform and valid documentation of drug court activity and effect is a critical and timely issue for the entire drug court movement. Hopefully, this report can serve the goal of improving local drug court research and ultimately increase reporting capability to a national scale to better showcase the work being done by drug court professionals throughout the United States.

PROCESS EVALUATIONS

Process evaluations are tools to be used by programs for improvement and should provide interested parties with a glimpse into the workings of a drug court program. These evaluations are focused on the how and why of drug court activity. Minimally, a process evaluation should include fundamental descriptive statistics and use these to answer questions concerning the level to which programs are meeting their goals. One common process question focuses on the extent to which the local program is reaching the population it was chartered to serve. Drug courts by definition target particular types of offenders. Those eligible often include offenders with no prior violent history and substantial addiction problems. Research has shown that the drug court model is not as successful with offenders with long criminal histories (Rempel et al., 2003). An evaluator may therefore suggest refinement of a program's target population to make better use of limited resources. By focusing on evaluating the target population, a court is able to better understand its own screening process, as well as evaluate the suitability of its ideal client group, given the resources available.

To do this, it is important that process evaluators have a solid understanding of the academic research related to drug courts, addiction, and treatment and include in the evaluation substantial context to enhance the relevance of the information. Process evaluations should be conducted with substantial consideration given to the environment in which a drug court program operates as well as the theoretical constructs associated with the growing body of literature surrounding substance abuse treatment. Sound process evaluations should provide information that is not only based in the research literature, but also practical and locally relevant.

Evaluation research is commonly defined using three important constructs. The first is the use of a systematic approach in synthesizing evaluation plans. That is, the plan must be designed and implemented in a strategic, careful, and consistent manner. This systematic approach applies not only to the collection of information, but also to the second major construct, the critical analysis of information. It is clear that simply

collecting information is insufficient to constitute a valid evaluation; the information must also be carefully analyzed. Finally, evaluation research must provide *useful* feedback. Evaluative feedback that is difficult to understand or meaningless to consumers serves little purpose for the program, and thus is not “useful,” though perhaps highly advanced and descriptive. The discussion of process evaluations in this report will be centered on these major ideas.

Some basic elements should be considered in any systematic process evaluation of drug courts. The following elements should be common to *all* drug court programs, by definition.

1. *Program Goals* – Drug court evaluators should examine the extent to which programs are meeting their stated or written goals. Suggestions should refer to meeting these goals more successfully or, alternatively, changing the goals to be more practical or relevant. As program goals often are broadly stated, it is incumbent upon the researcher to define these goals in a manner that is meaningful to program management. Many states have specific program goals as part of enacting legislation for drug courts, and it may be important to review these larger goals as part of the evaluation project.
2. *Target Population* – It often is difficult to specifically define the population of offenders that a drug court program serves, considering the often outwardly arbitrary eligibility requirements that may or may not relate to the suitability of the client. However, it is essential to the operation of drug court programs that they be able to concisely identify the population they hope to serve and determine the extent to which they are reached the intended group. Drug court evaluators should examine drug court client intake in terms of its stated goals (court goals as well as legislative, if applicable), resource limitations, and the universe of those who could be eligible for the program. A common complaint among many drug court programs is the inability to stay at full operating capacity. This problem can be researched and suggestions made through a thorough analysis of client intake and target population.
3. *Substance Abuse Treatment* – The one aspect of drug courts that separates them from nearly all other justice system interventions is substance abuse treatment.

Definition:

Prevalence indicates the total number of cases, old and new, in a general population at a given time, whereas **incidence** refers to the number of new cases in a population at a given time. Both are expressed as a function of the population at risk.

To address this issue, practitioners must consider baseline measures of addiction, compare treatment plans with the actual implementation by the court, and when possible, determine the appropriateness of specific treatment modalities for particular clients. While it may not be appropriate to recommend a specific screening instrument, drug courts should document client use prior to the program to enable comparison through

the program. Any instrument must contain measures of prevalence and incidence of drug use, addiction severity, and drugs of choice. Baseline data should be compared to one or more reassessments of clients' addiction severity, both during and at the conclusion of the program.

4. *Court Processes* – All the activities of the drug court program should be documented. Researchers should examine graduation, phase advancement, sanctions and incentives, supervision, and the various ramifications of drug testing, as well as the relationship between client need and services rendered. Behavioral research supports the notion that the magnitude of the sanction or incentive should be proportionally consistent with the precipitating incident, so sanctions and incentives should be measured in relation to client behaviors. Therefore, it is both possible and desirable to create a ratio of behaviors to sanctions or incentives with the goal of a one-to-one ratio.
5. *Units of Service* – Drug court clients generally receive a variety of services. Each service should be documented in a manner that helps the program consider its benefits. A solid process evaluation will report if clients are gaining from particular programs or interventions. A unit of service is a simple way of measuring and documenting all of the services provided by drug court programs. Included in this documentation should be medical and psychological services, job training and placement services, educational services, and any other service to which the client was linked by program staff.
6. *Team Member Cooperation* – Drug courts are collaborative efforts. Their success or failure is dependent upon the constant “give and take” that replaces the traditional adversarial system. Some method of qualitative organizational research is useful to determine how well the drug court team functions as a unit.
7. *Community Support* – Community support is vital to program success. Some team members are selected by the voting community, while the court often uses local businesses for token incentives. There clearly is value to program management exploring—negative or positive—the reactions to the drug court in the community it serves, as the court may eventually need local funding and support to survive.

Evaluators should provide systematic analysis of all aspects of drug court program operations. Beyond these basic elements inherent to the drug court process, program managers must direct evaluators to consider questions specific to their jurisdiction. For example, if the process of acquiring new, appropriate clients moves at a pace slower than is optimal, the program manager might share his or her concerns with the evaluator and request particular attention be paid to the topic. Process evaluations should provide managers with useful feedback regarding the form and function of their programs. This information should lead to appropriate program improvements, as well as help to document program quality.

Appended to this report are three documents that may serve as guides when planning a process evaluation. Appendix A is a list of suggested research questions that, while not meant to be all-inclusive, lays some foundation for uniform research in drug courts. Appendix B is a list of suggested data elements for drug courts to maintain. If carefully kept, these data elements allow program managers and researchers to consider a variety of performance and research questions. Appendix C contains an example of an evaluation plan that focuses on process measures and performance indicators. A sound evaluation plan can serve as a guideline for the contractual relationship between an evaluator and the drug court program, as well as lay out a detailed roadmap for evaluation.

PERFORMANCE MEASUREMENT

A great deal of confusion surrounds the constructs of outcome/impact evaluations and performance measurement. Outcome and impact evaluation both imply determining between a program or policy and some greater social gain or loss (Fitzgerald & Cox, 1994). True outcome evaluation requires the use of an experimental design and randomized selection of participants. However, the political, judicial, and social arenas in which drug courts operate make it unlikely that many studies that allow for randomized subject selection will occur (See Note 2.).

Despite this difficulty, drug courts are not exempt from performing quality research. Performance measurement is a viable option for drug court research. Performance measurement refers to the establishment of research-based indicators to measure program activity. There are several performance measures for drug courts that might be used to effectively document the effects of drug courts on clients. Comparison groups, already in widespread use, also can provide information that is both useful and important. These groups are made up of individuals that mirror those being studied in important ways (See Note 1.). For example, it would perhaps make sense to compare drug court clients to criminal offenders with substance abuse problems, but it may not make sense to include violent offenders in the comparison group due to the prohibition against allowing these offenders in drug court programs. While comparison groups do not eliminate the

Definition:

The delicate relationship between causation and correlation can easily be exploited; it is incumbent upon drug court researchers to be very clear which they mean. To claim causation, randomized control groups must be developed to measure the effects of drug courts on clients in comparison to traditional business-as-usual methods. Pure causal inference cannot be drawn without random assignment of subjects (King, Keohane, & Verba, 1994).

Correlation, however, is mainly concerned with the strength of the relationship between two variables. The relationship between the drug court program and its clients, as investigated by most drug court evaluations, can be said to be correlated, not causal.

problem of systematic bias in research, it is possible to reduce the likelihood of systematic bias by increasing the points of comparison. If drug court researchers are interested in comparing clients to those who do not get into the program, they should determine the important personal variables that might lead to program success or failure.

If comparison groups are developed, the performance of drug court participants can be compared to the performance of the comparison group. Using a comparison group of offenders that do not have the option of a drug court program but have similar social and criminal characteristics as drug court clients, a researcher might be able to claim that there are differences in performance for these two groups. A common comparison point for these two groups might be rearrest. It would be valuable to discover, for example, if drug court clients are arrested less often during their probation period than those who do not have the benefit of treatment.

In the interest of uniformity and with a realistic understanding of the research capacity of local programs, NRAC chose to focus on three primary and one secondary measure of program performance. Retention, sobriety, and recidivism cover a great number of important effects of drug court, and as such, should serve as the primary performance measures. While units of service were discussed in the process portion of this report, they also can be considered a secondary measure of program performance. These measures are described in this section with suggested definitions and measurement strategies. It should be noted that these modes of measurement are not the only means for documenting drug court activity, and the definitions are not yet universally accepted—although this is the ultimate goal. However, it is incumbent on drug courts to document program performance in a manner that can be compiled and compared.

Note 1.

One evaluative mistake that is often made when creating a comparison group is outcome comparisons (recidivism, et al.) between program graduates and terminations. Despite the allure of what appears to be a convenient comparison group, use of program absconders as a comparison group **is not valid science**. Any outcome comparison must be done between the entire drug court participant group, inclusive of failures, and another entirely separate group. To compare failures to successes in this manner is very much akin to comparing high school students with straight A's to those students with F's. Most schools have A students that can make them look good—the question is how good the overall quality of education is for *all* students!

However, the comparison of dropouts to graduates for other reasons can bear interesting results and should be encouraged. Comparing these two groups on matters such as program satisfaction, cultural competency, or treatment may yield findings that could assist a jurisdiction in ultimately achieving a better graduation rate. Conversely, examining the two groups for glaring differences could also provide some areas for study and correction. If dropouts seem to be predominantly female, minorities, or of a certain age, it is likely that additional study would reveal weaknesses in the court's treatment of these populations.

Retention

Retention often is difficult for drug court professionals to calculate. It should be calculated as a ratio or percentage: the retention rate is the number of people who complete the program divided by the number who enter the program during a particular time period. Thus, all of those who depart the drug court for any reason, including but not limited to absconsion, voluntary withdrawal, and expulsion, should be considered as part of the denominator. However, it is impossible to calculate retention without considering drug court clients as a cohort. Overall program retention should be the ratio of those who complete the program divided by those who enter the program during the time frame under consideration.

Definition:

A **cohort** is a group of individuals who enter the program during a particular time period. The court can define the time period, depending on the number of clients served in the program. Generally, a 6-month or 1-year time period is considered for a cohort.

Example:

A court operates with an average of 100 total clients. The program requires clients to complete 12 months of continuous participation in treatment and court activities. Fifty clients entered the program during the first 6 months of 2003; this is the retention cohort. At the end of the first 6 months of 2004, a retention rate could be calculated using 50 as the denominator. In this case, 5 clients opted out of the program and 5 more were dismissed from the program, leaving 40 clients from that 6-month period who eventually graduated (even if it took a bit longer than 12 months to graduate). The retention rate would then be 40/50, or 80 percent.

Sobriety

Documenting the continuous sobriety of drug court clients is one of the highlights of any drug court evaluation. Sobriety is most reliably measured using clean drug screens. Self-reported drug use during the program without a formal drug screen result is not considered a reliable measure. All drug screens and the results thereof, both positive and negative, should be documented, as well as those that are missed, excused, tampered, stalled, or inconclusive. In this way, it will be possible to develop and record benchmarks for clients. Overall program performance can be documented using average length of sobriety during a specific timeframe. Drug courts should be able to document both the *average* length of continuous sobriety and the *average* number of failed tests that a client has during the program or during a particular time period. Theoretically, a trend should exist among drug court clients demonstrating reduction in the number of dirty drug screens over the course of the program. Trends can be documented by compiling information from clients over time. Both the trend and the averages will prove useful measures of drug court performance.

Recidivism

Recidivism has traditionally been a contentious subject. As mentioned in the introduction, the term simply means a return to criminal activity by someone who has already been adjudicated guilty or delinquent. The difficulty into which some researchers stumble is the attempt to measure the concept. For the purposes of drug court research, it is suggested that drug court evaluations use arrest as the primary measure. This choice reflects several factors, including ease of documentation, as well as accelerated turnaround time for processing documentation not found in other methods commonly used, such as conviction. Maintaining records of both measures could prove highly useful for research purposes, but the ramifications of conviction render it less useful than arrest for evaluation purposes. Often, clients who are charged with additional crimes plead out or are given other diversionary programs that prolong the process. In considering in-program recidivism, researchers should remember that it is much more likely that clients will be arrested and charged with a crime during the program than will actually be convicted. Therefore, arrest is a better measure for evaluation purposes.

Definition:

Recidivism should be defined as the rate at which drug court clients are **rearrested**. The use of rearrest as a preferred measure is due mainly to its advantages of simplicity, ease of access, and speed with which this information is available. However, to the extent possible, it also is valuable to collect conviction data. Both of these are measures of recidivism; although neither is perfect, there is definitely a need to report such indicators of program performance to paint as full a picture as possible.

Recidivism also is the one performance measure that could plausibly be considered after program completion. It is recommended that, to the extent possible, programs develop methods to track clients post program to see if they get rearrested on new criminal charges using information from the local justice process as well as state and National Crime Information Center (NCIC) databases. The use of a comparison group enhances this type of research, but the data can be useful on its own. Using post program recidivism data, researchers can make some claims about the impact of the program on client behaviors. This model should allow drug courts to build on the sample data collected by the National Institute of Justice and the Urban Institute (Roman, Townsend, & Bhati, 2003) to describe drug court recidivism in a more complete way.

Note 2.**Comparison Groups vs. Control Groups**

Experimental design is the time-honored and proven way to discover the effect of a treatment on a population. Its fundamental tenet is the use of a control group—the group that does not receive the treatment, providing a non-treatment group that the experimental group can be measured against.

As discussed under “Performance Measurement,” the world of criminal justice is not a laboratory. As a result, the ability to use control groups, and thus an experimental design, is severely compromised. Quasi-experimental design, then, is the next best option. As its name suggests, quasi-experimental design is almost experimental, and therefore its findings almost as credible. Instead of control groups, this design uses comparison groups, which can provide information that is both useful and important. These groups are made up of individuals that mirror those being studied in important ways. In “matched groups,” as they are sometimes called, the group is matched to the experimental groups on important variables, sometimes individually. For example, it would make sense to compare drug court clients to criminal offenders with substance abuse problems, but depending on the target population, it may not make sense to include violent offenders in the comparison group.

While comparison groups do not eliminate the problem of systematic bias in research, they make possible reduction in the likelihood of systematic bias by increasing the points of comparison. If drug court researchers are interested in comparing drug court clients to those who do not get into the program, it is important to determine the important personal variables that might lead to program success or failure.

Units of Service

Units of service can be loosely defined as a measure of those drug court activities that address the needs of drug court clients including, but not limited to, substance abuse treatment. These measures of drug court performance are easy to neglect when considered alongside more obvious issues like recidivism and retention rates. It is, however, vital that all activities of court programs be documented for two reasons. First, drug court program managers need to determine which services are affecting the clients in a positive way. In doing so, managers and judges can evaluate the efficacy of the various interventions used to benefit clients. Second, and perhaps of greater importance, is the need to both display and fully understand the brokerage of services and the collaborative nature of drug courts that are their major innovation from traditional justice. Many programs provide medical, mental health, vocational, and educational programs for clients beyond the standard drug treatment. For some clients, these services may be at least as important as the treatment itself.

The use of a “unit of service” modality for measuring drug court activity is a simple means for documenting these secondary court activities. Service units should be based on the actual attendance of a drug court client in one of the recommended or mandated activities. This measurement must go beyond referral, although it is valuable to track this as well. If a client were remanded to a job-training program and attended three 1-hour classes per week, each class could be considered a service unit. Likewise, a visit by a client to a psychiatrist to treat a co-occurring disorder would be counted as a service unit. Outside assessments and consultations also should be documented. Often billing sheets can be used to assist in tracking services. Inpatient treatment is most easily considered using “days” as the measure of a service unit.

These variables can be considered as both “client-level” and “program-level” variables. Client-level variables refer to those variables related to a particular client. Thus, using the performance measures listed above, programs can look at individual client performance in the areas of retention, sobriety, recidivism, and service. However, it is also important to look at these variables from a program level. That is, it is useful to look at program performance by compiling the numbers related to the client level variables on the four important dimensions. An example was given above on how to translate an individual-level variable (i.e., program graduation) into a program-level variable. Using a similar mode of calculation, programs can determine the average length of sobriety measured in days, the recidivism rate, and the average units of service provided for clients.

DATE STAMPING

Research strongly supports the idea that time is critical when analyzing drug court programs. For example, it is clear that the amount of time between arrest and first treatment episode is a predictor of programmatic success. Thus, programs should evaluate the amount of time lapsed between drug court events. Recording them by date allows for careful review of program progress and precipitating events. Evaluators should assist program managers in determining the best way to record time between important events, including arrest, screening, admittance, treatment episodes, clients’ behaviors, drug testing, sanctions, incentives, and any other court interaction with the client. Often, the availability of time as a measure for research depends on the diligence of local court personnel in keeping records. Any development of a Case Management System (CMS) or Management Information System (MIS) should include the documentation of time, ideally automatically time- and date-stamped at entry.

DATA COLLECTION

Data collection and management is another crucial topic to be addressed as part of evaluations. Many localities and states are developing increasingly sophisticated data collection instruments for drug court programs. While it is outside the present scope of this document to prescribe the form and utility of such programs, there are common data

elements that must be collected to adequately measure drug court performance. For the most part, these elements are simple enough to track if program managers are convinced of their utility. Although there is a great deal of evidence suggesting that many programs have not taken the time to consider these variables and thus have missed opportunities to document and record the work being done, it is never too late to begin. While a sophisticated MIS is not absolutely required to collect information that will track the progress of drug court programs, it is certainly recommended. Paper records kept in a diligent manner can be useful to evaluators and could be retroactively put into a database, but this should be a stopgap measure at most. There are *many* MIS options for programs today available for download online, by contacting NDCI, or through the federal government—some states have even built web-based systems for ease in tracking comprehensive statewide information. Appendix B provides a list of critical data elements that should be recorded and maintained over the course of program operation.

CONFIDENTIALITY

While much of the information that is pertinent to drug court clients is a matter of public record, a substantial amount of important information is related to client medical records and is therefore highly confidential. The American Health Insurance Portability and Accountability Act (HIPAA) and the Code of Federal Regulations (see Title 42 C.F.R.) both require strict control over drug court client records, as they relate to medical information. This inconsistency in the availability of records often creates tension in the area of drug court record management and evaluation. Misunderstandings can occur; licensed treatment providers who are subject to federal regulation may not want to risk jeopardizing their livelihood by sharing information with researchers.

Evaluators and researchers must understand the limitations set on drug court data. This often makes it useful for an evaluator to enter into a written agreement with drug court staff to share client information. Further, the drug court must notify clients that their personal information may be used for research purposes. This client notification should specify the limitations of data use and assure clients and drug court professionals that the names or other descriptors of individual clients will not be used in any research product. It also must state clearly that medical information cannot be disclosed to anyone without appropriate authorization or purpose. Authorization can come from the client or by court order. Absent one of these two types of authorization, substance abuse treatment information that could be considered medical must be kept private (Heck, 2005).

INSTITUTIONAL REVIEW BOARDS

Institutional Review Boards (IRBs) are organizations established through universities, public service agencies, or nonprofits to protect the rights and welfare of human subjects in research. Although drug court research involves subjects involved in public court proceedings, any evaluation that involves the linkage of any client to personal information should be reviewed. “If the research involves interaction or intervention

with human subjects in any way, or if a researcher obtains identifiable, private information about a subject (i.e., via survey procedures or existing records), a research proposal must be reviewed by the IRB” (University of Wyoming, IRB Information).

According to the Code of Federal Regulations (Title 45 CFR § 46.101), research involving surveys of clients and use of public records *may* be exempt from review. However, this decision should be made by a qualified IRB reviewer familiar with the specifics of the evaluation in question. Generally, all projects involving minors and incarcerated people require full board review. Evaluators and courts should work together to determine the extent to which an IRB should be involved and which IRB will have jurisdiction over the evaluation.

BEYOND THE BASICS: APPLYING THE RESEARCH

The drug court model is premised on a behavioral model. At its roots, the behavioral model focuses on operant conditioning, meaning behavior is a consequence of reinforcements and punishments (Skinner, 1950). For the reinforcements and punishments (i.e., sanctions and incentives) to work, according to traditional behavioral psychology, they must not only occur, but be quick, certain, and appropriate to the precipitating action. Drug courts can and do serve as an ongoing test of this theory. To determine the extent to which particular sanctions or incentives are having an effect on behavior, evaluators must be able to document not only the action of the court, but also the precipitating action of the client and the time period between these two. This type of research can answer questions concerning the appropriateness of a particular sanction or incentive, as well as the timeliness of court intervention.

Further, the research suggests that the longer a client participates in treatment, the greater the likelihood of continued sobriety (Center for Substance Abuse Treatment, 1996). Drug court programs should document both admission to and removal from substance abuse treatment to assist in the continuation of this research. Likewise, appropriate treatment dosage is a critical concern for drug court programs. For many, the question remains: How much is enough?

Appendix B outlines a series of data elements that should be recorded on drug court clients. These elements provide the baseline variables for drug court evaluation and research; however, they also go beyond the requirements of a basic process evaluation and performance measurement of courts. Moreover, drug courts should consider creating a framework or platform to collect all of this data to promote solid research that can be used to improve efficiency and efficacy at the local level. While other variables may prove useful to particular research designs, if diligently kept, elements listed in Appendix B should serve as a solid foundation for drug court evaluators and researchers.

BRINGING IT TOGETHER: STATEWIDE AND NATIONAL ANALYSIS

Legislative bodies throughout the United States work to ensure the wise expenditure of tax revenues. This ensures that a growing number of state legislatures are being asked the same questions that have been asked of Congressional leadership. These questions center on the efficacy of drug court programs and the extent to which money is being spent wisely. Through the consistent use of established research methods and standardized terminology, it will one day be possible to answer these questions once and for all, by taking local drug court research concerning process and performance and combining the results into a meaningful mosaic of drug court activity at both the state and national levels.

The tools provided in this report make it possible to fully document adult drug court activity throughout the United States. NDCI's 2004 inaugural publication of *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Courts* (Huddleston, Freeman-Wilson, & Boone, 2004) provides a continuing snapshot of drug court activity through survey research. This document has great utility, but there are limitations to its findings. While it is able to report the number of clients in drug courts and the total number of drug courts in operation, the report does not answer questions surrounding drug court performance on a broad scale. Using the methods in the current report, drug court program administrators should be able to report in detail the activities of drug court programs and answer that all-important legislative question: "What is our money buying us?"

Performance measures can further be used, albeit with great caution, as a management tool at the local, state, and federal levels. The cautionary note pertains to the variety of environmental and client-related variables that must be considered when comparing program performance cross-court. Administrators must bear in mind variations in population and resources when comparing programs in different locales. In general, however, performance measurement should assist in reporting on the activities of drug courts.

CONCLUSION

As drug court programs continue to grow and expand around the country, it is imperative that their good work be documented and reported in a meaningful and uniform manner. Drug court programs have become part of the landscape in American jurisprudence. However, there continues to be an overall lack of documentation of the significant numbers of clients served, the services that these clients receive, and the impact that these services are having on client sobriety and recidivism. The time has come for drug court programs to begin documenting their accomplishments and providing stakeholders and policymakers with sound research concerning the extent to which drug courts have become institutionalized and the effects of this relatively new intervention. Without solid research, drug courts will continue to face challenges concerning their efficiency and efficacy. It is sincerely hoped that this report will assist in raising the bar of research in the drug court field to a level unparalleled in criminal justice.

APPENDICES

APPENDIX A

COMMON RESEARCH QUESTIONS

The following is a list of research questions commonly used to evaluate and measure the performance of drug courts. This list is not all-inclusive, but should assist evaluators and researchers as they endeavor to assess the operations and impact of drug court programs.

Process Measures

1. Is the court achieving its program goals?
2. Is the court achieving the legislative goals set by its state?
3. Is the court reaching the defined target population?
4. Is the target population appropriately defined?
5. Is the court providing the appropriate dosage of treatment for clients?
6. Are client treatment needs (as determined by assessment) being addressed?
7. Is the court admitting clients in a timely fashion?
8. Are drug tests and other services occurring on a timely basis?
9. Do sanctions and incentives make sense?
10. Are sanctions and incentives having the intended effects?
11. What is the ratio of sanctions and incentives to the precipitating behaviors of clients?
12. Are clients compliant with court requirements?
13. Are clients getting the services that they need?
14. Does the drug court team work well together?
15. Does the community support the program?

Performance Indicators

1. What is the retention rate?
2. What is the average longest stretch of sobriety for a graduating client?
3. What are the trends in client sobriety over the course of the program?
4. What is the in-program recidivism rate?
5. What is the post-program recidivism rate?
6. How do drug court clients compare to other similarly situated offenders in recidivism?

APPENDIX B

IMPORTANT DATA ELEMENTS

The following list of data elements is recommended for collection by drug court programs. While all of these elements might not be readily available at program onset, it is valuable to consider the broad scope of variables that could be useful for program evaluation and research.

I. Guidelines for Data Collection:

1. All events and activities should be tracked by date.
2. Programs can use paper to track these variables, but an automated system is preferred.
3. There are both client level and program level data elements that require tracking.
4. Baseline data should be collected on criminal history, drug use (including frequency, duration, and drug(s) of choice), and personal information (including employment, educational history, and family relationships). This information should be collected again at program completion to document change.
5. Addiction severity should be measured at program admission as well as intervals during the program and at completion to document improvement.
6. Exit interviews are valuable for both absconders and graduates.

II. Personal Data at or Near Intake

1. Name
2. Unique System Identifier
3. Age
4. Date of Birth
5. Gender
6. Race
7. Source of Referral
8. Coercive Factors
 - a. Current Offense
 - b. Likely Sentence
 - c. Open Cases
 - d. Bench Warrants
 - e. Suspended Sentences
9. Risk Factors
 - a. Previous Offenses (misdemeanors or felonies)
 - b. Arrests
 - c. Convictions
 - d. Total Time Served
 - i. Jail
 - ii. Prison
10. Substance Abuse Factors
 - a. Primary, Secondary and Tertiary Drug of Choice
 - b. Length of Use
 - c. Use in Last 30 Days
 - d. Age at First Use

- e. Prior Treatment Episodes
- f. 12-Step Participation
- g. Last Treatment Episode
 - i. Inpatient
 - ii. Outpatient
- h. Adult or Juvenile Treatment

11. Health Factors

- a. Historical Services/Disabilities
- b. Pregnancy
- c. Detox Questions
- d. Co-Occurring Disorders
- e. Psychotropic Medications
- f. Other Prescription Medications

12. Educational Factors

- a. Years of Formal Education
- b. GED
- c. High School Diploma
- d. College

13. Family Factors

- a. Marital Status
- b. Children
 - i. Custody
- c. Welfare Status
- d. Family Drug and Alcohol Use History
 - i. Current Use in Immediate Family
- e. Homelessness
- f. English as a Second Language

III. In-Program Documentation

1. Treatment

- a. Attendance
- b. Type
- c. Organization Providing Treatment
- d. Inpatient
 - i. Time Spent in Treatment (recorded in days)
 - ii. Halfway Houses (recorded in days)
- e. Outpatient (recorded in hours)
- f. Participation
- g. Progress

2. Court Process

- a. Screening
- b. Assessment

- c. Drug Testing
 - i. Scheduled
 - A. Absent
 - B. Administered
 - ii. Type of Test
 - A. Panels
 - iii. Outcome
 - A. Positive
 - B. Negative
 - C. Absent
 - D. Stalled
 - E. Tampered
 - F. Inconclusive
 - d. Program Start Date
 - e. Status Hearings
 - f. Encounters with Judge
 - g. Last Date of Contact (used primarily for absconders)
 - h. Sanctions and Incentives
 - i. Precipitating Event
 - ii. Type of Sanction or Incentive
 - iii. Completion of Sanction
 - iv. Who Imposed the Sanction or Initiated the Incentive
 - v. Severity
 - i. Court Fines and Fees
 - i. Paid
 - ii. Assessed
3. Services (referral and performance)
- a. Mental health
 - b. Medical
 - c. Vocational
 - d. Educational
 - e. Public Assistance
 - f. Housing
 - g. Family
4. New Charges or Arrests
- a. Charge
 - b. Date of Incident
 - c. Date of Arrest
 - d. Conviction
 - e. Type of Charge
 - i. Drug Charge
 - ii. DUI
 - iii. Theft

- iv. Violent Crime
- v. Crime against Person

IV. Post-Program and Follow Up

- 1. Aftercare
- 2. Continued Treatment
- 3. 12-Step Participation
- 4. Support Groups
- 5. Arrests
 - a. Charge
 - b. Date of Incident
 - c. Date of Arrest
 - d. Type of Charge
 - i. Drug Charge
 - ii. DUI
 - iii. Theft
 - iv. Violent Crime
 - v. Crime against Person
 - vi. Conviction

APPENDIX C

SAMPLE EVALUATION PLAN

Albany County Drug Court Evaluation Plan

The following evaluation plan was written and designed for the Albany County Drug Court in Laramie, Wyoming. Albany County Drug Court is a post-plea court designed for adult offenders, chartered with the help of a 2003 implementation grant from the U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance (BJA). Albany County encompasses a large rural community containing a city of approximately 30,000 people, which contributes about 75 percent of the 100-client drug court population.

Albany County Drug Court uses the Wyoming State Drug Court Case Management System, (CMS), which is maintained by the Substance Abuse Division of the Wyoming State Department of Health with assistance from the Wyoming Statistical Analysis Center (WySAC) and court employees. The evaluation plan includes designs for a complete process evaluation that will be released to the state legislature in hopes of maintaining state funding and supplementing the program when the federal grant expires in 2006.

The evaluator is prepared to make several site visits, including an initial planning visit. The research methods that will be used include quantitative statistical analyses of the Management Information System (MIS), as well as qualitative measures including staff interviews, client surveys, and court observations. The plan will distill the broad categories of analysis into specific research questions, explain how the questions will be answered, and submit the data sources that will be used to answer them.

PROCESS ANALYSIS

While some questions are universal to process evaluations and share their audience with government funders and local managers, the driving force behind a process evaluation is the need of the program manager to fully understand the inner workings of his or her court. The process evaluation should provide answers to questions about the operation of the county drug court, and some of those questions will have to come from the program manager and staff. With this in mind, general process questions follow that are vital to all drug court managers.

In addition, the evaluation will address the program's goals with specific attention paid to determining how well the program is achieving these goals. The evaluator will also consider the following categories of analysis.

1. Target Population

The evaluator will examine drug court client intake in terms of its stated goals (court goals, as well as legislative, where appropriate), serviceable population, and universe of

potential clients. At the Skills-Based Drug Court Program Initiative (DCPI) training, goals for the court's target population were developed as part of the curriculum—these goals later became the standards used to set screening criteria for entry into the drug court. Using available data, the evaluator will describe the current population in demographic terms and compare that description to the program goals.

Target population: chemically addicted, nonviolent, felony adult drug offenders.

Question 1: “How well does the drug court population reflect the target population?”

Using MIS data taken from the requisite Addiction Severity Index (ASI) administration and legal screenings, the existing clientele will be assessed for age, violence history, pending felony charges, and severity of chemical addiction.

Question 2: “Why do some applicants reject drug court?”

The eligible population, i.e., the larger pool of offenders, including those who rejected the program, will be analyzed for the above factors through CMS. If reasons for non-enrollment were given, they will be catalogued and referenced to determine whether changes in the program could yield a larger clientele. This information will be cross-referenced with the cultural competency survey that will be administered to a random sampling of participants at various stages (5 in phase 1, 5 in phase 2, 5 graduates, and 5 dropouts, if possible) of the drug court process.

Question 3: “How does the current drug court population reflect the arrestee population in the county?”

Demographic data from the statewide arrestee database pertaining to the county will be analyzed against the current drug court population and the larger pool of applicants for race, age, gender, charge at arrest, drug of choice (in an attempt to understand countywide drug trends), and marital status.

2. Expediency

The evaluator will address several other time elements discussed later in “Court Processes” but here will analyze the time from arrest to entry into drug court and to first treatment session, as speed of entry into the program has been well documented in the literature as a strong predictor of successful intervention. The results will be interpreted for bottlenecks and breakdowns and analyzed in terms of the goals laid out by the Albany County Steering Committee.

Question 1: “How long does it take the average drug court client to enter drugcourt?”

The individual dates of arrest will be subtracted from the respective dates on the drug court Memorandum of Understanding (defined as “entering” drug court) between the court and the client to find the number of days from arrest to program entry (CMS contains these data); these will be tabulated and analyzed arithmetically, as well as for standard deviation.

Question 2: “How long does it take the average drug court client to enter treatment?”

The individual dates of both arrest and drug court entry from CMS will be compared to the dates of first treatment session as submitted by the treatment provider, both to ensure speed of treatment delivery and that the delay between entry and treatment is not excessive, as defined by the Steering Committee.

3. Court Processes

Activities that the court undertakes as implicit to the drug court program must be analyzed for consistency and fairness to ensure that the drug court is functioning properly and in accordance with its set goals.

COURT INTERACTION WITH CLIENTS

The interaction of the drug court judge with the clients has been touted as one of the most important aspects of drug court. The evaluator will determine the average number of contacts for all participants, as well as specifically for graduates and non-graduates. Appearances will be categorized as either programmatic or punitive to explore trouble cases and identify differences in the amount of judicial interaction.

Question 1: “How many court appearances (i.e. judicial contacts) did each client have? How many were they supposed to have for each phase? Graduates? Non-graduates?”

Using court records of court appearances (included in CMS), judicial contacts per month per client will be analyzed and disaggregated into the above categories and examined for differences, as well as the standards set out by the Steering Committee for each phase.

SANCTIONS AND INCENTIVES

CMS records reflect only the nature of the response and the precipitating event. In addition, the evaluator will sit in on court twice a month for 3 months to gain a random sampling of the data required to answer these sanction/incentive questions. Any gaps in the data after each session will be taken up with the drug court coordinator directly following each court date.

Question 1: “How many responses were given per behavioral event?”

The Steering Committee goals state that each negative behavioral incident will be quickly responded to with a sanction—events include dirty screens, missed treatment and court appointments, or various probation violations. These will show up in CMS and can be counted against the total number of sanctions recorded by CMS. These can be broken out by phases to give a clearer picture of the nature of court response.

Question 2: “Is there a difference in those clients that received more or less responses?”

The answers to the previous question can be cross-referenced with demographic data and graduate/dropout data to discern the effect that court response has on different clients (e.g., by age, gender, race, and ultimate case disposition).

Question 3: “What sorts of responses were given? What were the most and least relied upon?”

CMS can provide the aggregate data, which will be tabulated and compiled.

Question 4: “What was the average time from precipitating event to response?”

This will have to be gleaned from court visits and CMS. The date of court is the date the sanction is imposed—any time the judge or client does not mention the date of the offense, the coordinator will be consulted to track this information down. The sampled data will then be aggregated and analyzed.

DRUG TESTING

Background information on the drug testing process will be provided. Factors such as type of test and scheduled versus punitive will be noted. Since there are pros and cons to each available method, these will be discussed briefly and contrasted with the factors that may affect their use in drug court.

Question 1: “How many drug tests were positive/negative? Were there other possible outcomes?”

The number of positive and negative drug tests as a whole will be analyzed. Missed, tampered, and excused tests will also be noted.

PHASE ADVANCEMENT

Consulting the drug court guidelines will provide a baseline for the requirements for advancement from each phase.

Question 1: “Are there any holdups to client advancement?”

Using CMS’s date stamped advancement records, researchers can spot interruptions in the case flow. These can be addressed as they appear or as warranted. This issue also will be raised specifically with the drug court staff in their interviews.

GRADUATION

Similar to phase advancement, the requirements for graduation will be taken from the drug court guidelines.

Question 1: “Who graduates and who does not?”

Of those clients who have been terminated from the program, either positively or negatively (graduation or expulsion/dropout), demographic characteristics will be scrutinized for patterns as to what type of person is likely to graduate or be expelled from the program. These patterns can be compared to program exit interviews on issues like racial or gender sensitivity, as well as used to document the basic fairness of the court’s decisions. This information can be fed back into assessment protocols and simultaneously inform staff about the client responses to treatment.

Question 2: “Is it possible to fulfill all the drug court requirements and not graduate or vice versa? Does this occur?”

This would obviously not be an ideal situation for the drug court, so the evaluator will crosscheck the guidelines with actual MIS-documented events to ensure that this has not occurred and to offer suggestions on plugging holes to ensure that it will not occur.

Question 3: “Is the aftercare component well attended? Why or why not?”

Research has indicated that the post-program recidivism rate can be affected by attending aftercare programs. The nature of the drug court’s aftercare program will be explored, as well as its attendance by alumni. Guarded conclusions will be drawn as this information becomes available—it will also be cross-referenced with the recidivism rates.

4. Team Member Cooperation

Question 1: “How well do team members work collaboratively for the betterment of the client?”

This question, while vitally important, is a qualitative issue that will be addressed by semi-structured staff interviews. Biannual interviews will be held for the primary actors (i.e., judge, coordinator, prosecutor, defense attorney, treatment providers, probation officer, and law enforcement) and annual interviews for those with only limited involvement, as determined by referral of primary actor or observation by evaluator. These interviews will not only raise specific questions about inter-group works and cooperation, but also about possible improvements and problems. Race relations, gender relations, accountability, and quickness of response will all be addressed specifically, but the evaluator also will leave time for issues important to the interviewee.

5. Community Support

Question 1: “What is the general feeling toward the drug court in Albany County?”

Question 2: “How is the drug court viewed by voters, legislators, and the business community?”

Drug courts exist at the behest of the community in which they operate and are intricately tied to the community for support. While any examination of this issue will be somewhat less than concrete empirically, the survival of the court, its elected officials, and its funding depend on the community. A small sampling of voters will be surveyed by telephone to determine the feelings of the public and level of understanding about the goals and nature of the drug court; all requests for incentives from local businesses will be examined in light of the business’s response; and the number of drug court press releases and level of attention that they receive will be studied. The resultant evaluation from this plan will be released to the state legislature to enhance positive public relations and as a plea for funding once the BJA grant expires.

PROGRAM PERFORMANCE ANALYSIS

The second goal of this project will be to consider and document program performance. While the current level of funding is not such that a full impact and cost analysis can yet be performed, much relevant data can still be compiled and analyzed. It is important that drug courts report the activities of their clients in a uniform and meaningful way. This portion of the evaluation is designed to elicit some objective measures of the work that the drug court performs. To that end, this evaluation will consider four measures of drug court performance that should prove useful in evaluating the entire program. Many of these measures will be based on information gathered in the process portion of the evaluation.

1. Retention

Retention, alternately known as graduation rate, is the level to which the program is able to keep clients from the beginning of the program through graduation.

Question 1: “What is the retention rate?”

This is generally calculated as a ratio of those who graduate to those who enter the program in a particular time period; this evaluation will calculate this figure annually.

Question 2: “Why isn’t the retention rate 100 percent? What does this mean?”

The program’s CMS will provide the numbers required for this calculation. Since the ideal goal is 100 percent, reasons why the retention rate does not meet this standard will

be analyzed, drawing in necessary elements from the process elements. This number will be reported to BJA through NDCI. An examination of staff interviews, client exit surveys, screening procedures, and graduation data, as needed, will help explain the retention findings.

2. Sobriety

Sobriety will be measured through the use of drug screen results as mentioned in the process section and will be calculated based on an average timeframe for program graduates, as well as those who leave the program early. In theory, those who graduate will have significantly longer periods of sobriety.

Question 1: “What is the average sobriety of clients who complete the program as well as in different phases?”

Dates of phase change from CMS will help break down the information from the drug screens to answer this question. If the results are fairly regular, the benchmark might prove useful for updating phase change requirements.

3. Recidivism

Recidivism rates will be determined by arrest and calculated for both in-program and post-program participants by dividing the number of participant entries by the number of participants arrested. Terminated clients, regardless of their status or reason for termination, will be followed in a reactionary manner by reviewing court, state CMS, and NCIC records for new offenses. Due to cost, methodological issues, and extreme difficulty in following former clients in a post-program setting, a comparison group will not be used.

4. Access to Treatment Services

This area straddles the line between process and impact, but “services delivered” is definitely a performance indicator. The evaluator will contrast clients’ treatment plans with actual implementation of treatment by the court, tracking the case flow from assessment to treatment plan to implementation. Using treatment plans from the case managers that were based on the original ASI assessment scores should provide an excellent baseline that, with the assistance of CMS records, will reveal the level of fidelity of the court and treatment provider to the original ASI results.

Question 1: “Do those clients who require substance abuse treatment receive it?”

ASI scores on levels of substance involvement will be compared with inpatient/outpatient status and intensity of treatment regimen, as consistent with research-based practice and as is available from local treatment services. Theoretically, all drug court participants are chemically dependent, so the composition of the target population will contribute to this issue.

Question 2: “What auxiliary services are available to the court?”

A catalogue of the services available to the court will demonstrate the absolute ability of the court to meet client needs. It is unreasonable to expect clients to receive services that do not exist, but if there is some demonstrated need present in the ASI scores, the court may wish to look into providing that sort of assistance.

Question 3: “Do all those clients that demonstrate need for auxiliary services receive them?”

This question will be answered in “units of service” that will be measured by attendance (as established by billing information) rather than referral in hourly increments. Services such as job training, medical services, and housing assistance all will be counted; the answers to the previous question will also be taken into account.

Question 4: “Do the participants and staff feel that the needs of the participants are being met?”

Staff interviews and client exit surveys will reveal attitudes about the levels of services provided.

CONCLUSION

The evaluation of the Albany County Drug Court should provide program managers with a tool to improve the efficiency and efficacy of their program. Additionally, this evaluation will meet the requirements of both the state and federal granting agencies. The approach will be participatory and will provide for a complete analysis of drug court activity.

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